

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

ADDRESS (number and street)

7000 CARDINAL PLACE

☐Check if different  
than previously  
reported. (ACC)

DUBLIN

OH

43017

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00332833

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report (Q1)☐July 15  
Quarterly Report (Q2)☐October 15  
Quarterly Report (Q3)☐January 31  
Quarterly Report (YE)☐July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☒

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

02

01

2006

through

02

28

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

JAMES W. HOEBERLING

Signature of Treasurer

Electronically Filed by JAMES W. HOEBERLING

Date

03

08

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	2	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	2	2	8	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2006</span>		282080.14
(b) Cash on Hand at Beginning of Reporting Period .....	295820.86	
(c) Total Receipts (from Line 19) .....	13869.10	27609.82
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	309689.96	309689.96
7. Total Disbursements (from Line 31) .....	-5000.00	-5000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	314689.96	314689.96
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	2	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	2	2	8	2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	4641.30	6959.70
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	8517.14	19317.17
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➤	13158.44	26276.87
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➤	13158.44	26276.87
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	710.66	1332.95
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	13869.10	27609.82
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	13869.10	27609.82

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		-5000.00	-5000.00
24. Independent Expenditure (use Schedule E) .....		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....		0.00	0.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs) .....		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....		0.00	0.00
29. Other Disbursements.....		0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....		0.00	0.00
(ii) "Levin" Share .....		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		-5000.00	-5000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		-5000.00	-5000.00

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	13158.44	26276.87
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	13158.44	26276.87
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 / 16

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Brooke Alexy Mailing Address 15401 Oak Pond Lane City State Zip Code Libertyville IL 60048 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Cardinal Health, Inc Occupation Counsel, Asst General Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 270.68		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 3 / 2 0 0 6 <b>Transaction ID:</b> 60308.C71650 Amount of Each Receipt this Period 135.34 Receipt Payroll Deduction: (67.67- /Pay Period )
<b>B.</b> Full Name (Last, First, Middle Initial) Charles Artillio Mailing Address 14 Teal Drive City State Zip Code Langhorne PA 19047 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Cardinal Health, Inc Occupation Svp, Bus Development Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 403.84		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 3 / 2 0 0 6 <b>Transaction ID:</b> 60308.C71417 Amount of Each Receipt this Period 201.92 Receipt Payroll Deduction: (100.9- 6/Pay Period )
<b>C.</b> Full Name (Last, First, Middle Initial) Timothy Boes Mailing Address 103 La Trobe Ct City State Zip Code Southlake TX 76092 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Cardinal Health, Inc Occupation Svp, Medication Solutions Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 334.04		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 3 / 2 0 0 6 <b>Transaction ID:</b> 60308.C71660 Amount of Each Receipt this Period 167.02 Receipt Payroll Deduction: (83.51- /Pay Period )

**SUBTOTAL** of Receipts This Page (optional) .....

**504.28**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Mary Cooney Mailing Address 555 Front Street # 2301 City San Diego State CA Zip Code 92101 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Cardinal Health, Inc Occupation Svp, Human Resources Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 203.00		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 3 / 2 0 0 6 <b>Transaction ID:</b> 60308.C71637 Amount of Each Receipt this Period 101.50 Receipt Payroll Deduction: (50.75- /Pay Period )
<b>B.</b> Full Name (Last, First, Middle Initial) Ted Dibiase Mailing Address 4949 Chaddington Dr City Dublin State OH Zip Code 43017 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Cardinal Health, Inc Occupation Vp, Mgmt Advice/counsel Ctr Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 236.08		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 3 / 2 0 0 6 <b>Transaction ID:</b> 60308.C71639 Amount of Each Receipt this Period 118.04 Receipt Payroll Deduction: (59.02- /Pay Period )
<b>C.</b> Full Name (Last, First, Middle Initial) Brendan Ford Mailing Address 798 Tweed Court City Worthington State OH Zip Code 43085 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Cardinal Health, Inc Occupation Evp, Corp Dev Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 3 / 2 0 0 6 <b>Transaction ID:</b> 60308.C71415 Amount of Each Receipt this Period 200.00 Receipt Payroll Deduction: (100.0- 0/Pay Period )
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		419.54
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Mark Hartman		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 3 / 2 0 0 6	
Mailing Address 7677 Tartan Fields Dr		<b>Transaction ID:</b> 60308.C71663	
City Dublin	State OH	Zip Code 43017	Amount of Each Receipt this Period 177.40
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Evp, Corp Services		Payroll Deduction: (88.70- /Pay Period )
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 354.80		
<b>B.</b> Full Name (Last, First, Middle Initial) Linda Harty		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 3 / 2 0 0 6	
Mailing Address 1761 Roxbury Rd		<b>Transaction ID:</b> 60308.C71418	
City Columbus	State OH	Zip Code 43212	Amount of Each Receipt this Period 206.90
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Svp, Treasurer		Payroll Deduction: (103.4- 5/Pay Period )
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 413.80		
<b>C.</b> Full Name (Last, First, Middle Initial) Ronald Labrum		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 3 / 2 0 0 6	
Mailing Address 1325 Canterbury Cir		<b>Transaction ID:</b> 60308.C71337	
City Libertyville	State IL	Zip Code 60048	Amount of Each Receipt this Period -116.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Chmn/ceo, Supply Chain Svcs		Payroll Deduction: (-116.- 00/Pay Period )
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 116.00		
<b>SUBTOTAL</b> of Receipts This Page (optional) .....		268.30	
<b>TOTAL</b> This Period (last page this line number only) .....			



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Ronald Labrum Mailing Address 1325 Canterbury Cir City State Zip Code Libertyville IL 60048 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Cardinal Health, Inc Occupation Chmn/ceo, Supply Chain Svcs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 464.00			Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6 <b>Transaction ID:</b> 60308.C71428 Amount of Each Receipt this Period 348.00 Receipt Payroll Deduction: (116.0-0/Pay Period )
<b>B.</b> Full Name (Last, First, Middle Initial) Frank Lafasto Mailing Address 1451 S Kurtis Lane City State Zip Code Lake Forest IL 60045 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Cardinal Health, Inc Occupation Svp, Org Effectiveness Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 492.16			Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6 <b>Transaction ID:</b> 60308.C71437 Amount of Each Receipt this Period 246.08 Receipt Payroll Deduction: (123.0-4/Pay Period )
<b>C.</b> Full Name (Last, First, Middle Initial) Michael Lynch Mailing Address 550 E Rosemary City State Zip Code Lake Forest IL 60045 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Cardinal Health, Inc Occupation Group Pres, Mfg Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 597.12			Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6 <b>Transaction ID:</b> 60308.C71452 Amount of Each Receipt this Period 298.56 Receipt Payroll Deduction: (149.2-8/Pay Period )

**SUBTOTAL** of Receipts This Page (optional) .....

**892.64**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 10 / 16

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Robert Myers		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6
Mailing Address Po Box 230 Cardinal (mps) Expat		<b>Transaction ID:</b> 60308.C71669
City Waukegan	State IL	Zip Code 60079
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 193.64
Name of Employer Cardinal Health, Inc	Occupation Gmd & Ceo, Singapore	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 387.28	
		Receipt Payroll Deduction: (96.82- /Pay Period )

<b>B.</b> Full Name (Last, First, Middle Initial) William Owad		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6
Mailing Address 7558 Heatherwood Ln		<b>Transaction ID:</b> 60308.C71654
City Dublin	State OH	Zip Code 43017
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 155.76
Name of Employer Cardinal Health, Inc	Occupation Svp, Operational Excellence	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 311.52	
		Receipt Payroll Deduction: (77.88- /Pay Period )

<b>C.</b> Full Name (Last, First, Middle Initial) Joseph Papa		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6
Mailing Address One Deerhill Rd		<b>Transaction ID:</b> 60308.C71419
City Chester	State NJ	Zip Code 07930
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 215.46
Name of Employer Cardinal Health, Inc	Occupation Chairman/ceo, Pts	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 430.92	
		Receipt Payroll Deduction: (107.7- 3/Pay Period )

SUBTOTAL of Receipts This Page (optional) .....

564.86

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

<b>A.</b> Full Name (Last, First, Middle Initial) George Plava Mailing Address 3526 Pembroke Dr City Richmond State TX Zip Code 77469 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Cardinal Health, Inc Occupation Pres, Pharmacy Management Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 263.20			Date of Receipt MM / DD / YYYY 02 / 03 / 2006 <b>Transaction ID:</b> 60308.C71649 Amount of Each Receipt this Period 131.60 Receipt Payroll Deduction: (65.80- /Pay Period)
<b>B.</b> Full Name (Last, First, Middle Initial) Sandra Rigopoulos Mailing Address 307 S Hi Lusi Ave City Mt Prospect State IL Zip Code 60056 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Cardinal Health, Inc Occupation Vp, Vendor Mgmt & Admin Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 332.40			Date of Receipt MM / DD / YYYY 02 / 03 / 2006 <b>Transaction ID:</b> 60308.C71659 Amount of Each Receipt this Period 166.20 Receipt Payroll Deduction: (83.10- /Pay Period)
<b>C.</b> Full Name (Last, First, Middle Initial) Mark Rosenbaum Mailing Address 6565 Lockhart Lane City Dublin State OH Zip Code 43017 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Cardinal Health, Inc Occupation Pres, Ips Sales Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 573.24			Date of Receipt MM / DD / YYYY 02 / 03 / 2006 <b>Transaction ID:</b> 60308.C71451 Amount of Each Receipt this Period 286.62 Receipt Payroll Deduction: (143.3- 1/Pay Period)

SUBTOTAL of Receipts This Page (optional) .....

584.42

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 12 / 16

(check only one)

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

<b>A.</b> Full Name (Last, First, Middle Initial) James Saponaro Mailing Address 9392 Redan Court City State Zip Code Dublin OH 43017 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Cardinal Health, Inc Occupation Svp, Business Units- Retail Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 346.32		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6 <b>Transaction ID:</b> 60308.C71662 Amount of Each Receipt this Period 173.16 Receipt Payroll Deduction: (86.58- /Pay Period )
<b>B.</b> Full Name (Last, First, Middle Initial) David Schlotterbeck Mailing Address 12 Hermitage Lane City State Zip Code Laguna Niguel CA 92677 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Cardinal Health, Inc Occupation Pres/ceo Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6 <b>Transaction ID:</b> 60308.C71416 Amount of Each Receipt this Period 200.00 Receipt Payroll Deduction: (100.0- 0/Pay Period )
<b>C.</b> Full Name (Last, First, Middle Initial) Cornell Stamon Mailing Address 3 Matrick Court City State Zip Code Hillsborough NJ 08844 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Cardinal Health, Inc Occupation Vp, Strategy & Bus Process Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 258.48		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6 <b>Transaction ID:</b> 60308.C71648 Amount of Each Receipt this Period 129.24 Receipt Payroll Deduction: (64.62- /Pay Period )
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		502.40
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 16

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Mark Stauffer Mailing Address 10644 Dundee Ct City State Zip Code Powell OH 43065 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Cardinal Health, Inc Occupation Svp, Audit Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 205.44			Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6 <b>Transaction ID:</b> 60308.C71638 Amount of Each Receipt this Period 102.72 Receipt Payroll Deduction: (51.36- /Pay Period )
<b>B.</b> Full Name (Last, First, Middle Initial) Robert Walter Mailing Address C/o Cardinal Health 7000 Cardinal Place City State Zip Code Dublin OH 43017 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Cardinal Health, Inc Occupation Chairman/ceo Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 768.08			Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6 <b>Transaction ID:</b> 60308.C71482 Amount of Each Receipt this Period 384.04 Receipt Payroll Deduction: (192.0- 2/Pay Period )
<b>C.</b> Full Name (Last, First, Middle Initial) Curt Witte Mailing Address 6724 Perimeter Loop Rd #232 City State Zip Code Dublin OH 43017 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Cardinal Health, Inc Occupation Svp, Mktg - Alt Care Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 342.56			Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6 <b>Transaction ID:</b> 60308.C71661 Amount of Each Receipt this Period 171.28 Receipt Payroll Deduction: (85.64- /Pay Period )

SUBTOTAL of Receipts This Page (optional) .....

658.04

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 16

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.** Full Name (Last, First, Middle Initial)  
Connie Woodburn

Mailing Address 9761 Erin Woods Dr

City State Zip Code  
Dublin OH 43017

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Cardinal Health, Inc

Occupation  
Svp, Prof & Gov't Rel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

493.64

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 3 / 2 0 0 6

Transaction ID: 60308.C71438

Amount of Each Receipt this Period

246.82

Receipt

Payroll Deduction: (123.4-  
1/Pay Period)

**SUBTOTAL** of Receipts This Page (optional) .....

246.82

**TOTAL** This Period (last page this line number only) .....

4641.30

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 16

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Comerica Bank		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6	
Mailing Address Po Box 75000 (mc 2250)		<b>Transaction ID:</b> 60308.C71336	
City Detroit	State MI	Zip Code 48275-2250	Amount of Each Receipt this Period 710.66
FEC ID number of contributing federal political committee. C		Interest Received	
Name of Employer  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Bank Aggregate Year-to-Date ▼ 1332.95		

**SUBTOTAL** of Receipts This Page (optional) .....

710.66

**TOTAL** This Period (last page this line number only) .....

710.66

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 16 / 16

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

Full Name (Last, First, Middle Initial)

**A.** Tom Delay Congressional Committee

Mailing Address 7002 Riverbrook Drive  
Suite 200

City Sugarland State TX Zip Code 77479-

Purpose of Disbursement  
VOID

Candidate Name  
THOMAS DALE DELAY

Office Sought: ☒ House  
☐ Senate  
☐ President

State: TX District: 22

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Transaction ID: 60308.E695

Date of Disbursement

/   /

Amount of Each Disbursement this Period

VOID

**SUBTOTAL** of Disbursements This Page (optional) .....

**-5000.00**

**TOTAL** This Period (last page this line number only) .....

**-5000.00**